

**SOCIAL WORKER, MARRIAGE AND FAMILY THERAPIST
AND MENTAL HEALTH COUNSELOR BOARD**

**MARRIAGE AND FAMILY THERAPIST ASSOCIATE
(LMFTA) LICENSURE PACKET**

This packet should contain the following information:

- 1.) Four (4) pages of instructions and information
- 2.) A seven (7) page application form
- 3.) A Verification of Licensure form
- 4.) Form III-A -- Verification of Marriage and Family Therapy Coursework
- 5.) Form III-B -- Graduate Coursework Content Areas

If this packet does not include all of the above documents, please contact the Indiana Professional Licensing Agency at: (317) 234-2064 or by email at pla5@pla.in.gov. **PLEASE NOTE THAT YOU CAN OBTAIN A COPY OF OUR STATUTES AND RULES ON OUR WEBSITE AT www.pla.in.gov/bandc/mhcb/statruls.html.**

INSTRUCTIONS AND INFORMATION

Before completing and submitting your application to the Indiana Professional Licensing Agency, please read all instructions and information included in this packet. If you have any questions, please contact the Indiana Professional Licensing Agency (317) 234-2064 or send an email to pla5@pla.in.gov. For additional information, please visit our website at www.pla.in.gov.

AGENCY ADDRESS

Indiana Professional Licensing Agency
Attn: SW/MFT/MHC Board
402 West Washington Street, Room W072
Indianapolis, IN 46204

THE FAIR INFORMATION PRACTICE ACT

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on this application is mandatory for the purpose of complying with IC § 25-1-5-8 and IC § 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Indiana Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the Social Worker, Marriage and Family Therapist and Mental Health Counselor Board to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.

REQUIREMENTS FOR LICENSURE

ATTENTION: APPLICANTS THAT GRADUATED PRIOR TO JULY 1, 2008

IF YOU GRADUATED PRIOR TO JULY 1, 2008 AND HAVE ALREADY BEGUN YOUR POST-MASTER'S SUPERVISION AND EXPERIENCE, THEN YOU DO NOT NEED TO APPLY FOR A MARRIAGE AND FAMILY THERAPIST ASSOCIATE LICENSE "LMFTA". ONCE YOU COMPLETE YOUR 2-YEAR REQUIREMENT, YOU MAY APPLY FOR THE MARRIAGE AND FAMILY THERAPIST LICENSE "LMFT". THIS SECTION ALSO APPLIES TO STUDENTS WITHIN A DOCTORATE PROGRAM.

IF YOU WANT TO APPLY FOR THE LMFTA, YOU MAY APPLY TO SIT FOR EXAM. YOU WILL ALSO BE ALLOWED TO COUNT ALL POST-GRADUATE CLINICAL HOURS EARNED SINCE YOUR GRADUATION DATE. THIS SECTION ALSO APPLIES TO STUDENTS WITH A DOCTORATE PROGRAM.

EFFECTIVE JULY 1, 2008

ALL APPLICANTS EARNING THEIR MASTER'S DEGREE AFTER JULY 1, 2008 WILL BE REQUIRED TO OBTAIN A LMFTA PRIOR TO EARNING ANY POST-GRADUATE CLINICAL HOURS. ANY CLINICAL HOURS EARNED PRIOR TO THE RECEIPT OF YOUR LMFTA WILL NOT BE COUNTED TOWARD THE 1000 HOURS NEEDED TO MEET THE LMFT SUPERVISION AND EXPERIENCE REQUIREMENT.

APPLICATION

Mail completed application along with all required documentation to the Indiana Professional Licensing Agency. If supporting documentation is submitted separately from your application, it must be clearly marked with the applicant's full name and social security number.

**The current application for the marriage and family therapist associate is temporary.
Please fill out all sections that do not contain a "PLEASE DISREGARD" label.*

AFFIDAVIT

If you answer "Yes" to any of the eight (8) questions on the application, the applicant must explain fully in a sworn (notarized and signed) affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date, and disposition. If you have had a malpractice judgment, provide the name of the plaintiff. Letters from attorneys or insurance companies will not be accepted in lieu of your statement, however they may accompany your affidavit.

APPLICATION FEES

Applicants must submit a fifty dollar (\$50) application/issuance fee, made payable to the Indiana Professional Licensing Agency. This fee may be submitted by cash, check or money order. **ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

PHOTOGRAPHS

Applicants must submit one (1) photograph, approximately 2 x 3 inches, head and shoulders view of the applicant only, taken within one (1) year prior to the date of the application and be of professional quality in either black or white or color. "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will not be accepted.

VERIFICATION OF EDUCATION

Applicants must have completed at least a Master's degree or higher in Marriage and Family Therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) or a Master's degree or higher in a **related area as determined by the Board.**

Statute requires the degree to be conferred from an institution of higher education and which includes the coursework and clinical experience set out in IC 25-23.6-8-2.5. If you are using possession of other than a Marriage and Family Therapy degree to meet the educational requirement, please understand that it is the applicant's responsibility to not only complete the application, but to provide supporting documentation when appropriate. This applies specifically to course descriptions of courses you wish to apply towards the

coursework set out in IC 25-23.6-8-2.5. Please review these sections very carefully. The Board cannot knowledgeably interpret college/university transcripts without an accurate course description from the corresponding college/university catalogue. The coursework requirements are as follows:

- 1.) Theoretical Foundations of Marriage and Family Therapy
- 2.) Major Models of Marriage and Family Therapy
- 3.) Individual Development
- 4.) Family Development and Family Relationships
- 5.) Clinical Problems
- 6.) Collaboration with Other Disciplines
- 7.) Sexuality
- 8.) Gender and Sexual Orientation
- 9.) Issues of Ethnicity, Race, Socioeconomic Status and Culture
- 10.) Therapy Techniques
- 11.) Behavioral Research that focuses on the interpretation and application of research data as it applies to clinical practice
- 12.) Legal, Ethical and Professional Standards Issues in the Practice of Marriage and Family Therapy
- 13.) Appraisal and Assessment for Individual or Interpersonal Disorder or Dysfunction

All applicants for marriage and family therapy licensure in Indiana must complete **Form III-A -- VERIFICATION OF MARRIAGE AND FAMILY THERAPY COURSEWORK**. Please refer to the enclosed **Form III-B**, titled "Graduate Coursework Content Areas", for further clarification on the type of coursework that may be used to meet these requirements.

You must submit an official transcript from the college or university from which you obtained your degree, showing that all requirements for graduation have been met and when the degree was granted. **NOTE: Transcripts must be original, official transcripts. Copies or incomplete (not yet showing your degree granted) transcripts are not acceptable.**

Falsification of any of the information or documentation submitted to the Indiana Professional Licensing Agency is grounds for permanent revocation of a license or permit issued pursuant to this application.

EXAMINATION CANDIDATES FOR LMFTA

An applicant who satisfies the education requirements may be approved by the Board to take the AMFTRB Examination. Your application for the licensure examination must be filed with the Indiana Professional Licensing Agency and **all** supporting documentation received **ninety (90) days** prior to the next scheduled examination period. Once the Board approval is granted, the examination coordinator will mail your examination materials, which explain examination procedures and fee assessment. An applicant who has been approved by the Board to take the examination must take the examination within one (1) year from the date of the initial Board approval. If the applicant does not take the examination within one (1) year from the date of the initial Board approval, the approval will be invalid and the applicant must submit a new application. Applicants who have failed the examination, and who wish to retake the examination, must submit a new application, fees and other requirements as determined by the Board. An applicant who has failed the initial examination and two (2) subsequent examinations shall be disqualified from retaking the examination until satisfactory documentation of additional education and experience has been received from the applicant and approved by the Board. This documentation may consist of additional coursework, internship experiences, supervision or any combination of the aforementioned items.

After completion of the examination, the results are forwarded to the Board within four to six weeks from the close of the examination window. Marriage and family therapist associate licenses will be issued, for passing candidates, promptly by the Indiana Professional Licensing Agency.

PLEASE BE PATIENT WITH THIS PROCESS.

TESTING ACCOMMODATION REQUEST

If you have a disability, which may require some special accommodation in taking this examination, please request a Testing Accommodation Request Form from the Indiana Professional Licensing Agency by calling (317) 234-2064. If you are hearing or speech impaired, you may utilize the Indiana Relay System by calling 1-800-743-3333. If an accommodation is not requested prior to Board approval, the Board cannot guarantee the availability of the accommodation on-site.

EXAMINATION FEES AND SCHEDULE

The current fee for the examination is two hundred ninety five dollars (\$295) which is established by the examination service and is payable directly to the Professional Examination Service (PES). This fee must be paid when you register to take the examination. Payments can be made by credit card or debit card.

The examination consists of two hundred (200) questions and Indiana law requires that you pass this examination. The passing score is determined by the Association of Marriage and Family Therapy Regulatory Boards.

The following is the examination schedule and deadlines for submitting completed applications to the Indiana Professional Licensing Agency:

2008 Examination Dates

Exam Period

Deadline for completed application

September 15, 2008 – October 11, 2008

August 18, 2008

2009 Examination Dates

Exam Period

Deadline for completed application

January 12, 2009– February 7, 2009

October 20, 2008

May 18, 2009 – June 13, 2009

February 16, 2009

September 14, 2009 – October 10, 2009

June 15, 2009

APPLICATION/FORMS CHECKLIST FOR EXAMINATION CANDIDATES

If you are applying for licensure as a marriage and family therapist associate (LMFTA), you must complete and submit the following material.

____ Three (3) page application form

____ One (1) photograph

____ \$50 Application/Issuance Fee

____ Official Transcript(s)

____ Form III -- Verification of Graduate Coursework